1898

01980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

M

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville X
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near- Centreville Md. X
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ella (Last) ATKINSON

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: 3/5/1863

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert S. Emory

14. MOTHER'S MAIDEN NAME: Julianna Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs. A. C. Lieber Centreville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Pulmonary edema	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at Work ☐ Not While At work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Aug., 1953 to Feb 11, 1954 that I last saw the deceased alive on Feb. 11, 1954, and that death occurred at 7 43 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irvin D. Hoyt M.D. ADDRESS: Queenstown Md. DATE SIGNED: 2/12/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb. 14, 1954 | NAME OF CEMETERY OR CREMATORY: Chester Cemetery | LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: 2/14/54 | REGISTRAR'S SIGNATURE: Edna Armstrong

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells- Chestertown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH
COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Queen Anne
LENGTH OF STAY (in this place) 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Queen Anne
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) George (Last) Boyles

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify): M

8. DATE OF BIRTH: Nov. 3, 1868

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: OWNER.

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Boyles

14. MOTHER'S MAIDEN NAME: Mary Ann McKnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs Wm. Boyles - Queen Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of the Prostate — INTERVAL BETWEEN ONSET AND DEATH: 10 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1953

19b. MAJOR FINDINGS OF OPERATION: Ca. of Prostate - metastasis to rectum & int. obstruction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Feb, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 9 1/2 p m., from the causes and on the date stated above.

SIGNATURE Irvin S. Hoyt (Degree or title) M.D. ADDRESS Queenstown, Md. DATE SIGNED Feb. 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Buried
DATE THEREOF: July 5-54
NAME OF CEMETERY OR ~~CREMATORY~~: Christ Church
LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG. 2-3-54
REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Baxter Bros ADDRESS: Centreville, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY Wilmington Del
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay Md — LENGTH OF STAY (in this place) 6 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X 46 X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Rosella	(Middle)	(Last) Fox	4. DATE OF DEATH	(Month) Feb	(Day) 4	(Year) 1954
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH April 25 1869	9. AGE last birthday 85 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hum Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Lambert Davis	14. MOTHER'S MAIDEN NAME — Davis						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs Nanomi Myers, 101 E 29th St. Wilm Del					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42241

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to Feb 4, 1954, that I last saw the deceased alive on Feb 3, 1954, and that death occurred at 4:55 P m., from the causes and on the date stated above.

SIGNATURE C H Mitcalfe (Degree or title) MD ADDRESS Ludlowville Md DATE SIGNED 2/4/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF Feb 7 1954	NAME OF CEMETERY OR CREMATORY Silverbrook Cemetery	LOCATION (City, town, or county) (State) Wilmington Del
DATE REC'D BY LOCAL REG. Feb. 4	REGISTRAR'S SIGNATURE Edgar L. Lane	24. FUNERAL DIRECTOR Albert J McCrory	ADDRESS 2400 Washington St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01903

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Pondtown
LENGTH OF STAY (in this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERTA (Middle) (Last) HARRIS

4. DATE OF DEATH: (Month) Feb. (Day) 2. (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: unknown
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Oyster Packing
10b. KIND OF BUSINESS OR INDUSTRY: Oyster
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 220-01-2453
17. INFORMANT & ADDRESS: William Harris Chester Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Pneumonia. — Interval Between Onset And Death: 5 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c) Marasmus senilis.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on ~~19~~, to Jan 27, 1954, that I last saw the deceased alive on Jan 27, 1954, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE Geza Kovalewski (Degree or title) M.D ADDRESS MILLINGTON DATE SIGNED 2-5-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 5, 1954
NAME OF CEMETERY OR CREMATORY Chester Cem.
LOCATION (City, town, or county) Chester (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 5
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edward Pillows ADDRESS Millington Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Maydel X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Maydel X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) A. (Last) STARKEY

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 19 54

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 5, 1875

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Elva Starkey. Maydel. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilatation — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Myocarditis

DUE TO

(c) Arterial Sclerosis

422.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1954, to Feb 27, 1954, that I last saw the deceased alive on Feb 24, 1954, and that death occurred at 6 30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford Wm D Sudlersville Md 3/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 3, 1954

NAME OF CEMETERY OR CREMATORY Sudlersville Cem.

LOCATION (City, town, or county) Sudlersville Q.A. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-2

REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edward Fellows

ADDRESS Millington, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01904

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annie MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) NANNIE TURPIN WRIGHT

4. DATE OF DEATH: (Month) (Day) (Year) Feby 25 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: April 19-1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): in Centreville Maryland
12. CITIZEN OF WHAT COUNTRY? U/A

13. FATHER'S NAME: John Spencer Wright
14. MOTHER'S MAIDEN NAME: Annie W R Turpin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs J. R. E. Turpin Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

421.4

Immediate cause (a) Chronic Valvular disease of the heart & nephritis &

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteries - Sclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1950, to 2-25, 1954 that I last saw the deceased alive on 2/25, 1954, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) N. J. McThurman M.D. ADDRESS Centreville Md DATE SIGNED 2-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feby 27-54
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REGISTRAR 2-27-54
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Baston Bros, Centreville Maryland ADDRESS

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